Item 8 Film 8135 9/10/51 ww

08846

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) BURROUGHS
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1951

5. SEX F.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 13, 1931
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY for others
11. BIRTHPLACE (State or foreign country) Charles Co, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Holton
14. MOTHER'S MAIDEN NAME Mary Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS James T. Burroughs, Issue, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) FRACTURED SKULL 9-3-51

170 c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto Accident 9-3-51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) LAPLATA (COUNTY) CHAS (STATE) Md
TIME OF INJURY (Month) 9 (Day) 3 (Year) 51 (Hour) 2:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Redlew (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/6/51
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) Issue Md (State)

DATE REC'D BY LOCAL REG. 9/4/51
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08847

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth. (Middle) (n) (Last) HEMSLEY

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1951.

5. SEX: female

6. COLOR OR RACE: Negro.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 31, 1862

9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Madison Thomas ~~Hemsley~~

14. MOTHER'S MAIDEN NAME: Elizabeth Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lucille Hemsley, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Throat.	6 mos.
148X Antecedent cause(s)		
45 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arteriosclerosis.	3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Non

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 31 Aug, 1951, to 1 Sept, 1951, that I last saw the deceased alive on 31 Aug, 1951, and that death occurred at 8:37 EST p.m., from the causes and on the date stated above.

SIGNATURE: S. Woodd. (Degree or title) MD. ADDRESS: La Plata. DATE SIGNED: Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial Removal — DATE: 9-4-51 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county): La Plata, Md. (State) ~~Washington, D.C.~~

DATE REC'D BY LOCAL REG.: 9/2/51 — REGISTRAR'S SIGNATURE: Julia H. Vasey

24. FUNERAL DIRECTOR: Barnes & Matthews — ADDRESS: 614-4th St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08848

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COBB ISLAND — LENGTH OF STAY (In this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: PR. GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDMONSTON, MD
STREET ADDRESS (If rural, give location): 5115 CRITTENDEN

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LYTTON (Last) HORAN
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 2 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1/9/1898
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUTO MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: AUTO INDUSTRY
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW I + WW II
16. SOCIAL SECURITY No.: 216-07-3248
17. INFORMANT AND ADDRESS: HAROLD R. HORAN 1516 HOLBROOK ST NE WASHINGTON D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION — 9-2-51

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

185 (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: SUFFOCATION - INHALED WATER

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: WHILE SWIMMING
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NEALE SOUND — (CITY OR TOWN): COBB IS — (COUNTY): CHAS — (STATE): MD
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 2 51 11 30 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. J. Edelen (Degree or title) M.D. — ADDRESS: La Plata Md — DATE SIGNED: 9-2-51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: SEPT 6/51 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATL. — LOCATION (City, town, or county): ARLINGTON ~~VA~~ CO. — (State): VA

DATE REC'D BY LOCAL REG.: 9/5/51 — REGISTRAR'S SIGNATURE: Julia H Posey
24. FUNERAL DIRECTOR: W W CHAMBERS CO. — ADDRESS: RIVERDALE MD

530816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 088495

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall — LENGTH OF STAY (in this place) 6 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall Hall, Box 261
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John ~~Jerome~~ (Middle) Joseph (Last) Iserman

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White US	Married	4-9-05	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired USN		Minneapolis, Minn.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Carl Iserman	Francis Dvorak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	2 World		Rose Marie Iserman, Marshall Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 hours
331X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	Indefinite
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Deputized Medical Examiner, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 PM 9-23-51 m., from the causes and on the date stated above.

SIGNATURE James E. Andrews (Degree or title) ADDRESS DATE SIGNED

James E. Andrews MD 9-23-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (~~Specify~~)	DATE	NAME OF CEMETERY ~~OR~~ CREMATORY	LOCATION (~~City, town, or county~~) (State)
	9-27-51	Arlington Nat	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-24-51	M. L. Moreroz	Burtt & Ryan	Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08850

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) (Last) Litchfield

4. DATE OF DEATH (Month) September (Day) 20 (Year) 1951

5. SEX Male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH Sept. 19, 1951 | 9. AGE last birthday yrs. | If under 1 year Months. Days | If under 24 hrs. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) La Plata, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wendell Lowell Litchfield | 14. MOTHER'S MAIDEN NAME Catherine Marie Patzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mr. Wendell Litchfield, Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atlectasis — 9-20-51

762.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c) Prematurity E.D.C. 11-21-51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1951, to 9-20, 1951, that I last saw the deceased alive on 9-20, 1951, and that death occurred at 9:20 a.m. EST, from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-20-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE 9/20/51 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 9/20/51 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf Md ADDRESS

20 9191 34 4324

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2? 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) B. (Last) Myles			4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 51		
5. SEX M.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1924	9. AGE last birthday 21 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tenant Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Charles Co. Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Ignatius Myles		14. MOTHER'S MAIDEN NAME Evangeline Lee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Agnes Myles, La Plata			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) FRACTURED SKULL — 9-3-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto Accident — 9-3-51

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) LA PLATA (COUNTY) CHAS (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 3 (Year) 51 (Hour) 10:30 A.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-4-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/5/51	NAME OF CEMETERY OR CREMATORY St. Josephs	LOCATION (City, town, or county) Tompkins, Md. (State)
DATE REC'D BY LOCAL REG. 9/4/51	REGISTRAR'S SIGNATURE Julia H. Vasey	24. FUNERAL DIRECTOR Hewitt + Ryan, Waldorf, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08852

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Potomac Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 22 Potomac Ave

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Elvira (Last) Rainsford
4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 23, 1866
9. AGE last birthday: 85 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Scotsville, Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: James Fassett
14. MOTHER'S MAIDEN NAME: Rachel E. Spalding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William Rainsford, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Coronary Occlusion	Immed.
421 1	Antecedent cause(s)		
124 a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	3 years.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver — 3 yrs.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from + , 1948, to Sept 23, 1957, that I last saw the deceased alive on Sept 22, 1957, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank G. Ansan M.D. Indian Head, Md Sept 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify) DATE Sept. 26. 1951 NAME OF CEMETERY OR CREMATORY Rose Hill LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. 9/24 REGISTRAR'S SIGNATURE Odey Prise
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Lida (Middle) (Last) Tue.

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1957

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9/30/1882

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hsw.

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Dawson

14. MOTHER'S MAIDEN NAME Jennie Humphries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Mrs. Helen Thomas, Aubrey, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlussion.	20 hours
420.1 Antecedent cause(s)		
13d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, arteriosclerosis hemitdiaes	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1949, to Sept 1, 1951, that I last saw the deceased alive on August 31, 1951, and that death occurred at 3:17 EST p.m., from the causes and on the date stated above.

SIGNATURE S. C. Woody (Degree or title) MD ADDRESS La Plata Md. DATE SIGNED Sept 57

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9/4/51

NAME OF CEMETERY OR CREMATORY Mount Olivet

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 9/4/51

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR William H. Cook ADDRESS St. Paul + Preston St. Balto, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08854

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waldorf.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charlotte Hall Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Ann (Last) Williams
4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 8-1-51
9. AGE last birthday yrs. If under 1 year Months 1 Days 24 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) La Plata Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Roger J. Williams
14. MOTHER'S MAIDEN NAME Ada Agusta Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown 9-24-51

795.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200 C (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-24-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 9-25-51 NAME OF CEMETERY OR CREMATORY Home Burying Ground LOCATION (City, town, or county) Oaks St Mary's (State)

DATE REC'D BY LOCAL REG. 9-24-51 REGISTRAR'S SIGNATURE M L Moore
24. FUNERAL DIRECTOR Roger J. Williams Father ADDRESS Charlotte Hall

21801 1359404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 26 1951
BUREAU V. S.

08855

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Mortimer	Williams	9	16	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 1 day: Hours
M	W	M	3-23-00	51 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner	Charles Co Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wroth Williams	Mary Boareman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	210	Augustus Williams Waconico Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Chest — 9-16-51

8165 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

1102 (c) Auto accident — 9-16-51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Pomonkey	Chas	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	16	51	7 A.M.		X	Auto accident — M.V.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Edelen	M.D.	La Plata Md	9-16-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/18/51	St Marys	Newport Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-51	W. L. Shoemake	Smith & Lyon	Waldorf Md

RECEIVED
SEP 18 1951
BUREAU V. S.

COPY SENT TO ~~LOCAL REGISTRAR~~ No. ___ DATE 9-18-51